

GLYNCCORRWG URBAN DISTRICT COUNCIL, 1952.

Chairman - Councillor J.E. Evans, J.P., Glynccorwg.
Vice-Chairman - Councillor J. Thomas, Glynccorwg.

Councillor I. Davies, Abergwynfi.	Councillor J.E. Hopkins, Cymmer.
" A.T. Hunt,	" F. Marchant,
" H. Field, J.P.,	" W. Lewis,
" J. Price,	" A. Leonard, Glynccorwg.
" K. Jones,	" Glyn Williams,
" D. Williams,	
" H. Abraham, J.P., Cymmer.	
" T. Williams, J.P.,	
" J.G. Miles,	

General Purposes Committee.

Chairman - Councillor H. Abraham, J.P., Cymmer.
Housing Committee Chairman - Councillor I. Davies, Abergwynfi.
Finance Committee Chairman - Councillor I. Davies, Abergwynfi.

Officials.

Clerk to the Council	Mr. T.D. Windsor Williams up to his retirement on 7th. November, 1952. Mr. Llewelyn Morgan, A.I.M.T.A. appointed Clerk of the Council and Chief Financial Officer from 8th. November, 1952.
Surveyor and Engineer	Mr. T.J. Walker, A.R.I.C.S.
Assistant Surveyor and Engineer	Mr. N. Hiles, B.Sc. (Civil Eng)
Assistant Surveyor and Engineer	Mr. G. Bidder.
Surveying Assistant	Mr. H. Thomas.
Engineer's Clerk	Mr. P. Evans.
Treasurer	Midland Bank Ltd., Cymmer.
Medical Officer of Health	Dr. D.J. Davies, M.B.E., M.D., B.Sc., B.S., D.P.H. up to 30th. April, 1952. Dr. D.H.J. Williams, M.R.C.S., L.R.C.P., D.P.H. from 1st. October, 1952.
Sanitary Inspector	Mr. John Tate, Cert. Royal San. Institute and San. Inspector's Exam. Joint Board, Heat Insp. Cert. Royal San. Institute.
Indoor Collector and Ledger Clerk	Mr. S. Fuge.
Housing Collector	Mr. R. Eckett.
"	Mr. E. Hughes.
General Clerk	Mr. R.G. Dayson.
Junior Clerk	Miss Enid Isaac.
"	Mr. E. Glave - from 24th. November, 1952.

GLYNCORRWG URBAN DISTRICT COUNCIL.

To the Chairman and Members of the Glynccorwg Urban District Council.

Gentlemen,

I have the honour to present for your consideration the Annual Report for the year ended 31st. December, 1952. The Report is compiled in accordance with the instructions of the Ministry of Health as contained in Circular 2/53 (Wales).

From the 30th. April when Dr. D.J. Davies, your previous Medical Officer of Health resigned, until the 1st. October when I was privileged to commence my duties under your Authority, you were without the services of a Medical Officer of Health. During this period added strain and responsibility inevitably fell upon Mr. Tate your Sanitary Inspector and upon Lay Staff, who I feel should be commended for the manner in which the Public Health Services were maintained.

During the three terminal months of the year under review it has been my duty, as laid down under Ministerial Regulation, to ascertain the Sanitary circumstances obtaining within the area I serve. By the study of past records, the Annual Reports of my predecessors and by actual field work can this be done.

To give a geographical and geological description of the area would be superfluous, sufficient be it to state that the District consists of deep valleys heavily built up surrounded by open mountain, which in certain parts is undergoing intensive afforestation. Whilst there is a limited amount of agriculture and dairy farming, the majority of the working population find employment in the local mining industry.

As to the health of the population. The number of notifications of infectious diseases continues to be singularly low; this feature being particularly noticeable in relation to Measles, one case only being notified as opposed to 143 during the previous year.

During the summer months South Wales experienced widespread incidences of paratyphoid B. One case only of this condition occurred in your area. Careful investigations were carried out by your officers and these suggested that infection had occurred outside the district. As no further cases came to the attention of your officers by notification or otherwise, outside infection seemed confirmed.

Tuberculosis continues to be a major health

problem in the area, as the incidence and notification statistics to be found later in this report, show. Every effort is being made by the nursing and health visiting staff to educate the population in the methods of combating the dread disease and reducing its incidence. By early admission to hospital where bed space is available and by intensive medication the medical services play their part. The need for more hospital beds continues.

As the housing authority you are making good progress. By the relief of overcrowding and by the provision of clean airy, well ventilated houses, much of the problems of disease may be avoided or mitigated. Mr. Tate your Sanitary Inspector informs me that the post-war difficulties of house maintenance and repair are still major problems. The high cost of repair work relative to frozen rental must of course, be given appropriate consideration.

The high annual rainfall in the area coupled with the provisions made by your authority have maintained a satisfactory supply of pure wholesome water to all areas of the Urban District.

Sewage disposal with the exception of a few isolated farmhouses is by means of the Trunk Sewer which links with the Port Talbot Corporation Sewer to form the Joint Outfall. The Outfall sewer is in a serious state and it is gratifying to know that at the time of preparation of this report plans for its re-instatement are in an advanced state.

In concluding these introductory remarks I would like to express my thanks to the members officials and staff of the Council for their courtesy and valuable assistance to me since becoming Medical Officer of Health. In particular I would express my gratitude to Mr. Tate for the valuable work he has done in compiling so many of the details contained in this report and to the Divisional Health Staff for the loyal and efficient manner in which they have undertaken the clerical and statistical work.

I am,
Your obedient servant,

D. H. J. WILLIAMS

Medical Officer of Health.

GENERAL INFORMATION.

The Glyncoerrwg Local Board which was formed in 1893 became known as the Glyncoerrwg Urban District Council in 1894 under the Local Government Act of that year.

Some 13,925 acres of land fall within the boundary of the District and due to the steep slopes and barren crags with deep and narrow valleys the surface of the land has been of limited value to the residents.

The wealth of the District has lain beneath the surface in the rich coal seams which include bituminous, dry steam and a certain amount of anthracite and a large proportion of the male population find their work in the local mines.

Apart from the limited dairy and mountain sheep farming little has come from the surface of the land. Now however the Forestry Commission is making rapid afforestation progress and in years to come the thickly wooded slopes will yield a rich harvest to local and national benefit.

High hills and deep valleys near to the coastal seaboard lead to rapid cooling of winds and air currents. This ensures a steadily high rainfall which has protected and maintained a steady water supply to the whole area.

The rapid housing progress at Croeserw Cymmer has led to a water problem but as may be read in the appropriate section this problem has been tackled satisfactorily.

The growth and development of the area are shown by the population figures which are as follows:-

For the year 1901	the census population was	6,452
" " " 1911	" " " "	8,689
" " " 1921	" " " "	10,772
" " " 1931	" " " "	10,208
" " " 1952	" estimated	9,308

The rateable value of the area for the year ended 31st. December, 1952, was as follows:-

General Rate Purposes	331,554. Os. Od.
Sum represented by 1d. Rate	3112. Os. Od.

The Council have their own refuse collection motor vehicles of an approved type. Collections are made on alternate days. The refuse is disposed of on tips in various parts of the district which are sited as far from dwelling houses as possible. Controlled methods of tipping are not, at present, being used. Extra care is taken during summer months, in particular, to control fly breeding on the tips.

VITAL STATISTICS.

Certain parts of the Annual Report of a Medical Officer of Health consist of numerous columns of what at first glance appear to be cold, dry and uninteresting figures. The family doctor is concerned with the health and more particularly ill-health of his patients. He bases his assessment of his patients' condition on certain principles, which include history, symptoms and signs. By correlation of these facts and observations he arrives at his diagnosis, until which treatment can but be empirical.

The community is the Medical Officer of Health's patient and these columns of figures that make up the Vital Statistics of the area are the symptoms and signs of health or disease within that patient. It is from these facts and figures that the Medical Officer diagnoses the health of his community. In presenting the Vital Statistics for your consideration an attempt is made to evaluate the significance of the various trends.

Certain detailed statistical tables are incorporated in tabular form at the end of the Report.

1. POPULATION.

The population of the Urban District was estimated by the Registrar General to be 9,388 for the mid-year 1952 as compared with 9,343 for the previous year.

2. BIRTHS.

There were 216 live births, 92 males and 124 females, during the year. 6 stillbirths were recorded. 2.77% of all live births were illegitimate.

The birth-rate was 23.01 per 1000 population as compared with 23.55 in 1951.

The following table is of interest:-

Number of live births at home in the area:-	120
Number of live births (Glyncoedwg U.D.C. mothers) in Neath General Hospital:-	89
Number of live births (Glyncoedwg U.D.C. mothers) in Maesteg Maternity Home and Bridgend General Hospital:-	7

Of the 216 live births registered during the

period under review 96 occurred in hospital. Non-emergency beds are available at Neath General Hospital and at Bridgend General Hospital and these are allocated by the Divisional Medical Officer in cases of need. First births, overcrowding, medical and obstetric problems particularly where difficult home conditions obtain, qualify for consideration for hospital confinement.

3. DEATHS.

The total number of deaths during 1952 was 95, comprising 46 males and 49 females. The death rates per thousand of the population in recent years are as follows:-

1952.	1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.
10.12	13.06	9.61	11.2	11.9	14.9	11.3	12.3	11.3

The death rate for the whole of England and Wales during 1952 was 11.3.

Diseases of the Heart and Blood vessels, and cancer continue to be the main causes of death in the area. There were fewer deaths during 1952 than in the previous year, this being most marked in the return of deaths amongst males.

4. INFANT MORTALITY.

5 infants, under one year of age, died during the year. The infant mortality rate - number of deaths of infants under one year per 1000 live births - was 23.15. The figure for the whole of England and Wales was 27.6. Comparisons of the annual rates are as follows:-

1952.	1951.	1950.	1949.	1948.	1947.	1946.	1945.	1944.
23.15	40.91	72.63	56	74	56	71	64	56

In a relatively small area such as the Glyncothwrg Urban District a single death under such a heading as this causes a wide fluctuation in the statistical tables. It is however very satisfactory to note that the strenuous work which has been carried out by midwives, nurses and health visitors, coupled with intensive clinic work by Medical Officers seems to be bearing fruit. These services are of course but part of the picture; improvements in housing conditions, reduction in disease and education in parentcraft all serve to improve the chance of infant survival.

5. MATERNAL MORTALITY.

It is pleasing to report that, during 1952, there were no deaths of mothers due to pregnancy or childbirth.

GENERAL PROVISION OF HEALTH SERVICES FOR THE URBAN AREA.

A brief summary of the services available for residents of the Urban Area is included at this junction.

1. HOSPITALS.

The Mid. Glamorgan Hospital Management Committee administers the various hospitals in the adjoining areas, patients from the Urban Area being seen at the Neath General, Maesteg and Bridgend Hospitals.

(i) MEDICAL AND SURGICAL PATIENTS.

Neath General Hospital, a fully equipped hospital, provided treatment for the majority of the above patients from the area. A limited proportion were treated at Swansea General Hospital and Morriston Hospital.

Tonna Hospital which has been re-opened as a Children's Hospital now caters for medical and surgical conditions, the surgical facilities being mainly directed to the specialities, Orthopaedics, Ophthalmology and Ear, Nose and Throat Surgery. This has already proved of considerable benefit to the children on Tonsil and Adenoid waiting lists, such lists having been considerably reduced. It is to be hoped that the generally satisfactory situation will be maintained.

(ii) MATERNITY PATIENTS.

As has already been reported Hospital confinements are conducted at Neath General and Bridgend Hospitals, the majority being confined at Neath. Though there has, during recent years, been an ever increasing trend towards hospital confinement it is interesting to note that more babies were born at home in the Glyncothwrg Urban Area than in Hospital and this has been coupled with a very satisfying drop in the infant mortality and a complete absence of maternal mortality.

The bookings of the non-emergency maternity beds was arranged by the Port Talbot and Glyncothwrg Health Division. This scheme was a success as the domestic, medical and housing problems of each applicant could be considered.

(iii) INFECTIOUS PATIENTS.

Such patients, whose doctors requested hospital treatment, were admitted either to Port Talbot, Maesteg or Bridgend Isolation Hospitals. The decline in recent years of diphtheria has fortunately lessened the need for isolation

hospital beds, such beds becoming available for the treatment of such conditions as scarlet fever, etc.

(iv) TUBERCULOSIS PATIENTS.

With the opening of a number of wards for tuberculous patients at Cefn Hirgoed Hospital, Bridgend, there has been a reduction of the waiting period for hospital or sanatorium treatment. Further hospital and sanatorium beds are however still required for such patients as it is felt that only by hospitalisation, more effective isolation and control of spread of infection can be effected.

(v) MENTAL (PSYCHIATRIC) PATIENTS.

Mental illness is common. There are all degrees of such illness, from the mild, which often responds to treatment by the family doctor, to the more severe which necessitates treatment at a suitable hospital.

Out-patient facilities for this area are provided at Neath General Hospital. Most in-patients were treated at the Morgannwg Mental Hospital, Bridgend.

In recent years, the treatment of mental patients has advanced considerably and a moderate proportion of cures are obtained. Enlightenment of the public and a less fearful approach to the treatment of such ailments have gone a long way towards effecting early treatment with its resultant higher recovery.

2. VENEREAL DISEASES CLINIC.

This clinic is situated at the Station Approach, Port Talbot.

3. GENERAL PRACTITIONER, DENTAL, PHARMACEUTICAL AND SUPPLEMENTARY OPHTHALMIC SERVICES.

These services are controlled locally by the Glamorgan Executive Council whose office is at 47, Park Place, Cardiff. There are three general practitioners in the urban area. The dental and ophthalmic services are extremely limited. Most adults receive their dental treatment at Maesteg or Neath.

During the year a pharmacy was established in Cymmer. This should prove of considerable value in relieving the local medical practitioners of their dispensing responsibilities.

4. ANCILLARY HEALTH SERVICES PROVIDED BY THE GLAMORGAN COUNTY COUNCIL.

The majority of these services are under the day to day control of the Port Talbot and Glyncoirwg Divisional Health Committee whose office is at Park House, Theodore Road, Port Talbot. They include the home nursing, health visiting and midwifery services, the ante-natal and infant welfare clinics and the home helps service.

The ambulance service in the area is under the direct control of the Glamorgan County Council. The local control-station is at Neath, sub-stations with cars being available at Port Talbot and Bryn.

5. SCHOOL MEDICAL SERVICE.

This service is not part of the National Health Service. It is controlled by the Glamorgan County Council and the local office is at Park House, Port Talbot. All school children in certain age groups were medically examined and arrangements for eye and orthopaedic treatment were made.

Unfortunately, it was only possible to maintain a limited school dental service in the area. The lucrative attractions of private practice within the framework of the National Health Service have been contributory factors to the partial exodus of Dental Officers from the school services. This will undoubtedly correct itself but in the meantime young children and expectant mothers must suffer.

6. LABORATORY FACILITIES.

During 1952, all bacteriological examinations for the area were undertaken at the Public Health Laboratory, Cardiff.

H O U S I N G .

A total of 58 new houses were completed and occupied during the year. Of these, 48 were Cornish Unit houses erected by the Council on the Croeserw Housing Estate, eight were built at Cynonville by the Forestry Commission for forestry workers, and two by the National Coal Board at Duffryn Rhondda for colliery officials.

Work is nearing completion on the remaining 38 Cornish Unit houses at the Croeserw site.

The erection of a further 100 'Unity' houses on the Croeserw site is also proceeding.

Dwelling houses completed by your Authority since the war, now total 335.

The extent of the present demand for housing accommodation is shown by the following table which has been compiled by the Treasurer's Department:-

Number of applicants who are now living in apartments.	-	300
Number of applicants who are householders.	-	206
Number of applicants who are already tenants of Council houses.	-	78
Number of applicants who are not resident in the Glyncorrwg Urban District.	-	92
		<hr/>
Total number of applicants	-	676

The number of applicants from each ward, of persons resident in the Glyncorrwg Urban District, is as follows:-

Abergwynfi Ward	-	152
Cymmer Ward	-	305
Glyncorrwg Ward	-	127

The continued shortage of building contractors in the area, who undertake housing repair work, is causing long delays in complying with sanitary notices. This presents an acute problem, particularly in Cymmer and Abergwynfi.

It was hoped when, during the year, an additional building contractor opened business in Cymmer, the situation would be eased. Unfortunately this contractor accepts much work outside the district. This considerably reduces the time he is able to devote to local house repair work.

Another acute problem is the dilapidated and in many instances, dangerous condition of retaining walls to gardens and paved areas, garden boundary walls etc., in the district. These walls are usually of local stone with lime mortar and after 50 years largely without attention their condition is deplorable.

I can see no solution to this problem as skilled walling masons are practically unobtainable.

Nine notices were served requiring repairs to dangerous structures.

In sixteen instances it was found necessary to take proceedings in Magistrates Courts against house owners to secure necessary repairs.

The following housing details are of interest:-

1. Number of new dwelling houses erected during the year:-
 - (a) Total (including numbers given separately under (b)) 58
 - (b) With state assistance under the Housing Acts:-
 - (i) Built by the Local Authority48
 - (ii) Built by other bodies or persons10
2. Inspection of dwelling houses during the year.
 1. (a) Total number of dwelling houses inspected for Housing defects (under Public Health or Housing Acts151
 - (b) Number of inspections made for the purpose612
 2. (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidation Regulations 19250
 - (b) Number of inspections made for the purpose0
 3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation2
 4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation143

3. Remedy of Defects during the year without service of Formal Notice.
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers55
4. Action under Statutory Powers during the year.
 - A. Proceedings under Sections 9, 10 & 16 of Housing Act, 1936 -
 - (1) Number of dwelling houses in which notices were served requiring repairs 0
 - (2) Number of dwelling houses rendered fit after service of Formal Notice:
 - (a) By owners 0
 - (b) By Local Authority 0
 - B. Proceedings under Public Health Acts -
 - (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied82
 - (2) Number of dwelling houses in which defects were remedied after service of Formal Notice:
 - (a) By Owners67
 - (b) By Local Authority in default of Owners 0
 - C. Proceedings under Sections 11 & 12 Housing Act, 1936 -
 - (1) Number of dwelling houses in respect of which Demolition Orders were made 0
 - (2) Number of dwelling houses demolished in pursuance of Demolition Order 0
5. Housing Act, 1936 - Part iv. - Overcrowding:-
 - (a) - (i) Number of dwellings overcrowded at the end of the year } Information not available.
 - (ii) Number of families dwelling therein ... }
 - (iii) Number of persons dwelling therein }
 - (b) - Number of new cases of overcrowding reported during the year 0
 - (c) - (i) Number of cases of overcrowding relieved during the year 0
 - (ii) Number of persons concerned in such cases 0
 - (d) - Number of cases in which dwellings have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding. 0
6. Bed Bug Infestation: the sanitary inspector's services are available for all householders. Whenever there is any suspicion, he inspects the bedding and furniture of incoming tenants of council houses.

The disinfection is by means of the insecticide known as D.D.T. either in liquid or powder form.

Number of council houses disinfected	3
Number of other houses disinfected	6

7. There are no common lodging houses, camp sites or inhabited tents, vans and sheds in the area.

WATER SUPPLIES.

An adequate and pure water supply, convenient, and at all times readily available to the consumer is a recognised requisite of modern civilisation. Towards this end your Authority has made the following provisions.

The main sources of water supply in the area are as follows:-

1. High Level Tank, Glyncoerrwg. This water is taken from the stream Nantyrallor which has its source and gathering ground on the slopes of Mynydd Ynyscoerrwg. This tank supplies the village of Glyncoerrwg.
2. Low Level Tank, Glyncoerrwg. The gathering ground of the stream Nantygroes which supplies this tank is also on the western slopes of Mynydd Ynyscoerrwg. Abercregan and the north side of Cymmer are supplied from this source.
3. Gwynfi Reservoir, Blaen-gwynfi. Water from the Gwynfi reservoir is impounded from the Gwynfi brook, which has its source and gathering ground on Mynydd Abergwynfi. It supplies the south side of Cymmer, including the Croeserw Housing Estate, and the villages of Duffryn Rhondda and Cynonville.
4. East Level Waterworks, Abergwynfi. This is an underground source of supply taken from the stream which issues from the mouth of the old and disused colliery working known as East Level. The needs of the whole of Abergwynfi and Blaen-gwynfi are met from this source of supply.

The seven houses in Ffochlas, Abercregan are supplied from a spring about 70 yards to the north west on rising ground. A small concrete tank is installed and the water conveyed to a stand pipe in the middle of the terrace.

The Cwmcas houses have a private piped supply to each house from a concrete tank on rising ground at the rear. This tank is supplied from an adjacent spring.

Inspections conducted of these various sources carried out by the writers during the year have shown the arrangements to be both adequate and satisfactory.

About half the farms in the area take their supplies from nearby springs. The remainder are connected to the Council's mains.

A chlorinating plant has been installed for each of the four main sources of supply.

During the months April to September 1952, the monthly rainfall, as measured by the rain gauge at the Council Offices, Cymmer, averaged 5.26 inches. Consequently no difficulty was experienced in maintaining an adequate supply of water to all parts of the area.

At the Crocserw Site, Cymmer, 290 houses have been erected and occupied up to the end of 1952, while a further 138 houses are under construction.

Of these 58 are Cornish Unit and 100 are Unity type houses.

Owing to the altitude of the site, which is 980 feet A.O.D. at the highest point, special measures have been taken to ensure an adequate supply of water at all levels.

A re-inforced concrete service reservoir has been completed on a site above the highest point to be supplied, and a pumping station erected at a lower level. The laying of a column of pipes from the pumping station to the reservoir has also been completed.

The installation of pumping machinery by the contracting firm is now awaited.

Thirty samples of water were taken during the year for bacteriological examination; twenty-nine were satisfactory and one was unsatisfactory.

Owing to the plumbo-solvent character of the water supplies in the area, all service pipes conveying water for domestic consumption are of galvanised wrought iron.

Seven dwelling-houses with a total population of 29 were supplied from public water mains by means of stand-pipes. 2382 dwelling houses with an estimated population of 9267 were supplied from public water mains direct to the houses.

HYGIENE OF FACTORIES.

The supervision of factories is carried out partly by Government Home Office Factory Inspectors and partly by officers of the Local Authority.

Local Authorities are responsible for administering the provisions of the Factories Act, 1937, relating to sanitary conveniences in all factories, and the provisions relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors in all factories where mechanical power is not used.

District Councils are also responsible for securing adequate means of escape in case of fire in all factories.

Factories Act, 1937.
Prescribed particulars on the administration
of the Factories Act, 1937.
Part I of the Act.

1. INSPECTIONS for purposes of provisions as to health - 1952
 (including inspections made by Sanitary Inspector)

Premises.	No. on Register.	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities.	4	12	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	13	63	7	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	4	11	-	-
Total	21	91	7	-

2. Cases in which Defects were found.

	<u>Number of Cases in which</u> <u>Defects were found.</u>		<u>Referred.</u>		<u>Number of</u> <u>cases in</u> <u>which pro</u> <u>secutions</u> <u>were</u> <u>instituted</u>
	<u>Found.</u>	<u>Remedied.</u>	<u>To H.M.</u>	<u>By H.M.</u>	
Want of Cleanliness (S.1)	5	5	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation(S.4)	1	1	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	7	7	-	-	-

Outworkers.

3. There were 41 outworkers in the August list required by Section 110, Factories Act, 1937. No action was necessary to be taken under Section 110 and 111 of the Act.

HYGIENE OF FOOD.

By food hygiene we mean that care which must consciously be taken to ensure that the consumer is served with a safe clean food. It covers all aspects of the preparation, handling, distribution and serving of foodstuffs.

It is concerned not only with the prevention of food poisoning but should also make certain that the consumer receives the foodstuffs in as wholesome and nutritious a form as possible.

In Mr. Tate's talks with those engaged in the preparation, handling, etc., of food for sale in the area, he has found a ready appreciation of the need for securing an improved standard of cleanliness and a willingness to co-operate.

In general where it has been found that the Bye-laws relating to food handling etc., have not been observed it has been sufficient, to secure compliance, to draw the offenders attention to it and without recourse to written notices.

There were no cases of food poisoning notified during the year.

1. MEAT AND OTHER FOODS INSPECTION.

Visits of inspection totalling 279 were made to premises where food was prepared, stored and sold.

Four notices were served under Section 13 of the Food and Drugs Act, 1938 covering the following breaches of the provisions of the Act.

Defective W.C., lack of hand washing facilities, and overdue painting and limewashing of food preparation and warehouse rooms.

All notices were complied with.

The following articles of food, which were found to be diseased, unwholesome or unsound, were surrendered and destroyed, or otherwise disposed of:-

Fish	89 lbs.
Beef	24 lbs.
Tinned meat	107 $\frac{1}{2}$ lbs.
Bacon	15 $\frac{1}{2}$ lbs.
Tomatoes	49 tins.
Fruit	37 tins.

Peas	4 tins.
Beans	19 tins.
Evaporated Milk	4 tins.
Condensed Milk	7 tins.
Fish (tinned)	6 tins.
Infants foods	2 tins.
Cheese	13 lbs.
Sweetened sponge flour	8 packets.
Pork Sausages	5 tins.
Vegetables	4 tins.

The number and classification of premises in the urban area used for the preparation of food for sale are given below:-

Fried Fish and Chip Shops	-	8
Butchers making Sausages, Faggots Etc.	-	5
Ice-cream makers	-	2
Colliery and Factory Canteens	-	5
School Canteens	-	6
Cafes	-	6

There are no licensed slaughterhouses in the area.

There are five butchers' shops. These shops are well lighted and ventilated and good standards of cleanliness are maintained. All have refrigerators. Adequate hand washing facilities are provided in each of the premises.

There are four bakehouses in use in the area situated as follows:-

Abergwynfi	-	2	Cymer.	-	2
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These bakehouses were built in the days of hand mixing and moulding of bread. The introduction of machines has uncomfortably restricted the working space of employees.

In most instances, unfortunately, site limitations prevent the desirable extension of premises which would make working conditions easier.

During the year four notices were served requiring the limewashing of bakehouses.

2. ICE-CREAM.

There are two ice-cream producers operating small plants in the area. Their registered premises are situated in Glyncoed and the output is sold within the urban district.

The premises and plants satisfy the requirements of the Food and Drugs Act, 1938 and the Ice-cream (Heat Treatment etc.) Regulations, 1947, with the exception that recording thermometers have not yet been installed.

Notices requiring the fixing of these thermometers have been served.

By far the greater quantity of ice-cream consumed in the district is produced outside the urban area and there are twenty-seven premises registered for the sale and storage of ice-cream.

Twenty-eight samples of ice-cream were taken during the year and were subjected to the methylene-blue reduction test for bacterial growth at the Public Health Laboratory, Cardiff.

No result was obtained in regard to four of the samples owing to unsatisfactory pre-incubation temperatures at the laboratory.

Results of the remainder were as follows:-

Methylene Blue Reduction Test.

Number of Samples attaining Provisional Grade 1	=	23
" " " " " " 2	=	1
" " " " " " 3	=	0
" " " " " " 4	=	0
		<u>24</u>

Grade 1	is provisionally interpreted as	"Satisfactory"
" 2	"	"Fair"
" 3	"	"Unsatisfactory"
" 4	"	"Very unsatisfactory"

Following the receipt of the fair sample an effort was made to trace the method of contamination.

3. MILK

The control of milk supplies by various Acts and Orders is quite a substantial part of the law relating to foodstuffs. The importance of this legislation is obvious when one realises that milk, both in its liquid state, and as milk products, forms a large part of the diet of people of all ages.

The fact that milk is easily contaminated and will readily spread disease, particularly tuberculosis, makes strict control a vital necessity.

In addition to the general regulations which govern the production and distribution of milk, present legislation is concerned with certain types of milk known as "designated milks". These are divided into "Raw" designated milks (Tuberculin Tested and Accredited Milks), and "Heat Treated" designated milks (Pasteurised and Sterilised Milks). These have to conform to certain special standard, both in production and distribution.

Since 1949 the supervision of milk production on the farm became the responsibility of the Ministry of Agriculture but the provisions relating to the distribution and sale of milk and the control of infection of milk are still administered by the local authority.

The following table gives the number and classification of registered persons engaged and registered premises used in the production, sale and storage of milk:-

Cowkeepers	-	5
Registered distributors of milk	-	11
Milk shops where milk sold in sealed bottles	-	6
Premises used as dairies		9

Five retailers were licensed to sell pasteurised milk and one to sell tuberculin tested milk, during the year.

Eleven samples of milk produced by registered cowkeepers within the Glyncorrwg Urban District were examined during the year for the presence of tubercle bacilli. All the samples proved to be negative.

During 1952, twenty-five samples of ungraded milk and thirteen samples of pasteurised milk were taken by the Sanitary Inspector from retailers of milk in the area, and taken to the Cardiff and County Public Health Laboratory for bacteriological examination.

The tests used for the various analyses of samples have been recorded in previous Annual Reports. The results of these tests of course refer only to the samples submitted. It is thus necessary to maintain serial investigations to maintain adequate control on the supplies.

Fifteen of the ungraded milk samples were of milk produced on farms within the Glyncoirwg Urban District and ten were of ungraded milk produced outside the area.

Two of the samples of ungraded milk were unsatisfactory.

There were thirteen samples taken during the year of pasteurised milk. All attained the required standard.

4. RODENT CONTROL.

The officer appointed to supervise the execution and enforcement of this work in the Glyncoirwg Urban District is the Sanitary Inspector -- Mr. John Tate.

The sewerman acts as a part-time rodent operative.

Poisoning was the form of rodent control used by the operative during the year, and the method of application was as recommended by the Infestation Division, Ministry of Agriculture.

Infested premises are pre-baited with biscuit meal or stale bread crumbs for two or three days. On the third or fourth day when the rats are readily consuming the pre-bait, a poison is mixed with the bait. Poisons used are zinc phosphide, arsenic and barium carbonate.

The Council's sewer manholes are poison baited twice a year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.Report for year ended 31st. December, 1952.

	Type of Property.				Total
	Local Authority	Dwelling Houses	Agricul- tural	All other (including business premises)	
1. Total number of properties in district	41	2382	23	259	2705
2. Number of properties inspected during 1952 as a result of:-					
(a) notification	3	12	-	6	21
(b) survey	33	35	23	131	222
3. Number of properties inspected which were found to be infested by rats:-					
Major	1	-	-	1	2
Minor	16	13	1	19	49
4. Number of properties which were found to be seriously infested by lice.	3	12	-	2	17
5. Number of infested properties treated	20	25	-	22	67
6. Number of notices served under Section 4					
(1) Treatment	-	-	-	-	-
(2) Structural Works	-	-	-	2	2
7. Number of cases in which default action was taken	-	-	-	-	-
8. Legal Proceedings	-	-	-	-	-
9. Number of "block" control schemes carried out	= 3				

SANITARY INSPECTION OF THE AREA.

In accordance with the Sanitary Officers' Order, Mr. John Tate, the Sanitary Inspector, has, by inspection of the area, to keep himself informed of the sanitary circumstances of the district and in respect of nuisances that require abatement. Under other Acts, Regulations and Orders, he has a variety of other duties.

A summary of his inspections and visits during 1952 is as follows:-

<u>GENERAL DISTRICT INSPECTIONS:-</u>	<u>Number.</u>
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Abergwynfi and Blaengwynfi	14
Cymmer	12
Duffryn Rhondda and Cynonville	6
Glyncorrwg	7

HOUSING AND BUILDING INSPECTIONS:-

Dwelling Houses in respect of defects and nuisances due to dis-repair	151
Re-visits to dwelling houses - as above	461
Defective and new drains	51
Cinemas and Halls	23
Dangerous and dilapidated buildings and structures	32
Stables	2
Piggeries	21

HYGIENE OF FOOD INSPECTIONS:-

Dairies, and milk shops	49
Butchers' shops, fish shops, grocery stores and food preparation places	279

<u>FACTORY INSPECTIONS</u>	91
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<u>INSPECTIONS UNDER SHOPS ACT 1934</u>	52
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PEST CONTROL INSPECTIONS

Rodent Control	31
Bed Bug infestation	14

MISCELLANEOUS INSPECTIONS

Miscellaneous nuisances	23
Defective sewers	14
Water works and water supply	27
Infectious diseases and disinfections	36

Total number of inspections	<u>1396</u>
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Action taken in cases of breaches of Acts, Orders and Regulations discovered during inspections is summarised as follows:--

Subject of inspections.	Nature of breaches of Acts, Orders and Regulations.	No. of Informal Notices.	No. of Statutory Notices.	Number of Notices complied with	
				Informal	Statutory
Dwelling Houses under Housing Consolidated Regulations, 1925.	Dampness, Disrepair, Defective paved areas, W.C.'s				
Dwelling Houses on complaint of a nuisance.	Drainage, etc.	143	82	57	74
Miscellaneous nuisances.	Dead Sheep, Deposits of Manure, Deposits of house refuse, etc.	6	1	5	1
Dairies and Milkshops.	Churns not cleansed before returning to wholesale producer. Name and address of distributor not on vehicle. Dairy premises requiring repair.	4	1	3	1
Dangerous or dilapidated buildings and structures.	Buildings or structures dilapidated or dangerous.	8	5	3	4
Butcher shops, Fish shops, Grocery and Provision stores and places where food is prepared.	Removal of refuse, Cleansing and Lime-washing required Provision of adequate washing facilities etc.	3	0	3	0
Factories, Work-shops and Work places (including Bakehouses)	Cleansing and Lime-washing required. Defective drainage.	4	0	4	0
Pigstyes	Cleansing and Lime-washing required.	7	3	4	3
Drains	Defective & Choked	23	8	15	8
Domestic Water Supplies.	Insufficient. Houses without water supply.	0	2	0	2
" "	Wastage.	8	1	7	1

INFECTIOUS DISEASES OR FEVERS.

The following table shows the distribution of notified infectious diseases and tuberculosis in the different wards of the area:--

Disease.	Glyncorrwg.	Cymmer.	Abergwynfi.	Total for 1952.	Total for 1951.
Paratyphoid	-	1	-	1	-
Meningococcal Infection	1	-	-	1	1
Scarlet Fever	-	4	4	8	2
Ophthalmia Neonatorum	-	-	1	1	1
Measles	1	-	-	1	145
Whooping Cough	9	1	-	10	18
Pneumonia	-	1	-	1	10
Erysipelas	-	1	-	1	1
Tuberculosis, Pulmonary	2	13	9	24	19
Tuberculosis, Non-Pulmonary	1	1	4	6	2

General:--

By and large the area was relatively free from infectious disease during the year under review. As the statistics show the measles epidemic of 1951 was not repeated in 1952. It is a recognised fact that for any condition to flourish there must be a reservoir of susceptible individuals to propagate such condition. Measles produces an immunity to re-infection. Therefore it can be assumed that the high incidence during 1951, exhausted the reservoir and measles was therefore able to gain little foothold during 1952.

Paratyphoid

As has already been mentioned in the introductory remarks and as will be seen above, one case of paratyphoid B was notified during the late summer. The case, a young man was on careful investigation found to have been in the habit of partaking of certain meals away from his home and as he was the only case occurring within the district it was presumed that he had been infected at some place outside the district. It was further ascertained that one of the places where he had eaten received a certain food commodity from a certain wholesale establishment that had been a suspected source of infection for other cases.

Careful disinfection was carried out and advice given to all closely associated with the young man who was later discharged from hospital free from any infection.

TUBERCULOSIS.
INCIDENCE and DOMICILIARY CARE.

		<u>Cymer.</u>	<u>Blaengwynfi.</u>	<u>Glyncorrwg.</u>
Number of Cases on Register 1st. January, 1952.	Pulmonary	28	23	14
	Non-Pulmonary	12	5	1
	Total	40	28	15
Number of Cases on Register 31st. December, 1952.	Pulmonary	34	32	14
	Non-Pulmonary	11	7	2
	Total	45	39	16

Number removed from Register
as follows:-

Number left district	5
Number died	3
Number recovered	6
	<u>14</u>
Number of new notifications	30
Number of in-transfers	1

Tuberculosis is now considered as a social disease, and as will be seen, is classified as Respiratory or Pulmonary, and Non-Respiratory or Non-Pulmonary. Unfortunately there was an increase of 17 cases in the area during the year, of which 11 were from Blaengwynfi ward and in relation to the total number notified and the size of the population this is a high figure about which I am concerned.

In the battle against tuberculosis, national and local resources should be inter-united. It is held that the vast majority of the population before the age of 21 have been inoculated with the germ, either in the lungs, the abdomen, the cervical glands, or in some other part of their bodies. This dose, too small in the healthy individual to cause active tuberculosis, is believed to produce an immunity against further infection. Only if the resistance of the individual at the time of first infection is low or if the body's resistance is allowed to fall by illhealth, careless living, etc., does the disease take hold and produce clinical evidence of active tuberculosis.

On the Continent an agent or vaccine known as B.C.G. has, during recent years, been used extensively on the principle that the B.C.G. produces a resistance to the entry of tubercle bacilli into the system. To be of value B.C.G. must therefore be administered before the first encounter with the tubercle bacillus. It is therefore recommended for infants, young children and, in older people such as nurses, etc., only after a Mantoux Test gives a negative result and shows the body to have no acquired immunity. The Continental records seem to indicate that good results can be expected and more interest in this subject is now being taken in this country. It may well be that in future years, B.C.G. or some such preparation may contribute greatly towards the eradication of Tuberculosis.

Mass Radiography as a means of early diagnosis is, in principle, an excellent idea, but to be effective the whole community should submit to examination at intervals far more frequent than at present conceivable.

Here, fear of the unknown and an attitude of preferring not to know what may be wrong will have to be overcome. Towards this end the populace needs re-education, via daily papers, the cinema, wireless, posters, by lectures and discussions in the schools and in the clinics. Enlightenment can be one of our strongest weapons against this and all diseases.

Your Authority is concerned in the problem. Close supervision of the District's milk supply through your officers can make a useful contribution to the efforts made to reduce the incidence of the non-respiratory type of tuberculosis. Poor hygiene methods in the preparation, handling and serving of foods need correction, and this is stressed by your officers in their line of duty.

As a housing authority, by the alleviation of overcrowding and the rehousing of your population in clean, airy homes, you contribute in no small measure towards the control and reduction of the incidence of tuberculosis.

By improving the environment, by adequate re-housing, by the relief of overcrowding, by ensuring that clean, wholesome food and pure milk are available to your people; coupled with other preventive measures such as B.C.G. Inoculation, Mass Radiography to give early diagnosis, disinfection, segregation, hospitalisation and aftercare supervision, can we effectively control and in time eradicate this dread disease.

TABLE 1.

SUMMARY OF STATISTICS FOR THE URBAN DISTRICT FOR 1952.

These statistics have been confirmed by the Registrar General.

<u>Live Births:-</u>	Total.	Males.	Females.
Legitimate	210	91	119
Illegitimate	6	1	5

Birth-rate per 1,000 population - 23.01

<u>Still-Births:-</u>	Total.	Males.	Females.
Legitimate	6	2	4
Illegitimate	-	-	-

Still-birth rate per 1,000 total births - 27.77.

<u>Deaths:-</u>	Total.	Males.	Females.
	95	46	49

Death-rate per 1,000 of the estimated resident population - 10.12

Deaths from Puerperal Causes:-

There were no deaths from puerperal causes.

Death-rate of infants under 1 year of age:-

All infants per 1,000 live births	23.15
Legitimate infants per 1,000 live legitimate births	23.8
Deaths from Cancer (all ages)	18
Deaths from Measles (all ages)	0
Deaths from Whooping Cough (all ages)	0
Deaths from Diarrhoea (under 2 years of age)	0

TABLE 2.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952... Provisional figures based on Quarterly Returns.

	England and Wales	160 O.B.'s and Towns (including London)	160 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1951 Census)	London Admin. County District Council.	Glyncoor- Urban District Council.
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Rates per 1,000 Home Population:-

Births.

Live Births	15.3	16.9	15.5	17.6	23.00
Still Births	(0.35	0.43	0.36	0.34	0.54
	(22.6(a)	24.6(a)	23.0(a)	19.2(a)	

Deaths.

All Causes	11.3	12.1	11.2	12.6	10.12
Typhoid and paratyphoid	0.00	0.00	0.00	-	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.26	0.22	0.31	0.32
Influenza	0.04	0.04	0.04	0.05	0.00
Smallpox	0.00	-	-	-	0.00
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.43

Notifications (Corrected).

Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.02	0.03	0.01	0.11
Meningococcal infection	0.03	0.03	0.03	0.02	0.11
Scarlet Fever	1.53	1.75	1.58	1.56	0.85
Whooping Cough	2.61	2.74	2.57	1.65	1.07
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.11
Smallpox	0.00	0.00	0.00	-	0.00
Measles	8.86	10.11	8.49	9.23	0.11
Pneumonia	0.72	0.80	0.62	0.57	0.11
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.00
Non-Paralytic	0.03	0.03	0.02	0.03	0.00
Food poisoning	0.13	0.16	0.11	0.13	0.00
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	0.00

TABLE 2. (continued)

	England and Wales	160 C.B.'s and Great Towns (including London)	160 Smaller Towns (Res- ident Pop. 25,000 - 50,000 at 1951 Census)	London Admin. County.	Glynco- rwg Urban District Council.
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Rates per 1,000 Live Births:--

Deaths.All causes under 1 year
of age

27.6(b) 31.2 25.8 23.8 23.15

Enteritis and diarrhoea
under 2 years of age

1.1 1.3 0.5 0.7 Nil

Maternal Mortality in England and Wales.

Intermediate List No. and cause.	Number of Deaths	Rates per 1,000 Total (Live and Still) Births.	Rates per million women aged 15 - 44
All15. Sepsis of pregnancy, childbirth and the puerperium	61	0.09	-
(Abortion with toxæmia	13	0.02	1
All16. (Other toxæmia of pregnancy and the puerperium	117	0.21	-
All17. Haemorrhage of pregnancy and childbirth	59	0.09	-
All18. Abortion without mention of sepsis or toxæmia	31	0.04	3
All19. Abortion with sepsis	47	0.07	5
All20. Other complications of pregnancy, child- birth and the puer- perium	138	0.20	-

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

TABLE 3.ANALYSIS OF THE CAUSES OF INFANTS' DEATHS DURING 1952.

NEONATAL DEATHS : 4 NEONATAL DEATH RATE : 18.52 per
thousand live
births.

1st. 24 hours of life. One day - one month.

Prematurity : 1

3

DEATHS DURING ONE MONTH TO ONE YEAR OF AGE : 1

Enteritis Broncho Pneumonia : 1

TABLE 4.TUBERCULOSIS.

New cases during 1952:-

	<u>PULMONARY.</u>		<u>NON-PULMONARY.</u>	
	Male.	Female.	Male.	Female.
Under 1 year.	-	-	-	-
Over 1 year and under 5 years.	-	-	1	-
Over 5 years and under 10 years.	1	2	1	1
Over 10 years and under 15 years.	2	3	-	-
Over 15 years and under 20 years.	4	2	1	-
Over 20 years and under 25 years.	1	3	-	2
Over 25 years and under 35 years.	1	3	-	1
Over 35 years and under 45 years.	-	-	-	-
Over 45 years and under 55 years.	-	-	-	-
Over 55 years and under 65 years.	-	-	-	-
Over 65 years.	-	-	-	1
Totals.	9	13	3	5

TABLE 5.

CLASSIFICATION OF CAUSES OF DEATH DURING 1952.(as recorded by Registrar General)

	Males.	Females.
1. Tuberculosis, Respiratory	0	2
2. Tuberculosis, Non-Respiratory	0	0
3. Syphilitic Disease	0	0
4. Diphtheria	0	0
5. Whooping Cough	0	0
6. Meningococcal Infections	0	0
7. Acute Poliomyelitis	0	0
8. Measles	0	0
9. Other infective and parasitic diseases	0	0
10. Malignant neoplasm, stomach	3	2
11. Malignant neoplasm, lung, bronchus	2	1
12. Malignant neoplasm, Breast	0	1
13. Malignant neoplasm, Uterus	0	2
14. Other malignant and lymphatic neoplasms	3	4
15. Leukaemia, aleukaemia	0	0
16. Diabetes	0	3
17. Vascular lesions of nervous system	1	3
18. Coronary disease, angina	9	4
19. Hypertension, with heart disease	2	1
20. Other heart disease	6	5
21. Other circulatory disease	3	7
22. Influenza	0	0
23. Pneumonia	1	3
24. Bronchitis	3	4
25. Other diseases of respiratory system	2	1
26. Ulcer of stomach and duodenum	0	0
27. Gastritis enteritis and diarrhoea	0	0
28. Nephritis and nephrosis	0	0
29. Hyperplasia of prostate	2	0
30. Pregnancy, childbirth, abortion	0	0
31. Congenital malformations	0	0
32. Other defined and ill-defined diseases	7	4
33. Motor vehicle accidents	0	0
34. All other accidents	2	1
35. Suicide	0	1
36. Homicide and operations of war	0	0

All causes

46

49

